

2016 Medicare Advantage Special Needs Plans in Erie County 2016

ORIGINAL MEDICARE		Wellcare Liberty 1-866-530-9491	Wellcare Access 1-866-530-9491	Fallon Health Weinberg 716-810-1894	Fidelis Dual Advantage 1-888-343-3547	Fidelis Dual Advantage Flex 1-888-343-3547
		(HMO SNP)	(HMO SNP)	(HMO SNP)	(HMO SNP)	(HMO SNP) MA & QMB
PREMIUMS	\$104.90	\$0.00	\$21.80	\$39.70	\$39.70	\$39.70
PCP Visits	20%**	\$0	\$0	\$0-20%	\$0	\$0-20%
Wellness exam	0	\$0	\$0	\$0-20%	\$0	\$0-20%
Specialty Visits	20%**	\$0	\$0	\$0-20%	\$0	\$0-20%
Outpatient Mental Health	40%	\$0	\$0	\$0-20%	\$0	\$0-20%
Outpatient Substance Abuse	20	\$0	\$0	\$0-20%	\$0	\$0-20%
Outpatient Surgery	20% **	\$0	\$0	\$0-20%	\$0	\$0-20%
Emergency Care	20% **	\$0	\$0	\$0-20% up to \$75	\$0	\$0-20%
Urgent Care	20% **	\$0	\$0	\$0-20%	\$0	\$0-20%
Ambulance Services	20% **	\$0	\$0	\$0-20%	\$0	\$0-20%
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	\$0	\$0	\$0-20%	\$0	\$0-20%
Prosthetic Devices	20% **	\$0	\$0	\$0-20%	\$0	\$0-20%
X Rays	20% **	\$0	\$0	\$0-20%	\$0	\$0-20%
Lab Services	\$0	\$0	\$0	\$0-20%	\$0	\$0-20%
Dialysis	20%			\$0-20%	\$0	\$0-20%
Radiation Therapy	20%	\$0	\$0	\$0-20%	\$0	\$0-20%
Chiropractic Care	limited coverage 20% **	\$0	\$0	\$0-20%:1 evaluation ;\$0 treatment (limited)	\$0:1 evaluation;\$0 treatment (limited)	\$0-20%

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		(HMO SNP)	(HMO SNP)	(HMO SNP)	(HMO SNP)	(HMO SNP)
PREMIUMS	\$104.90	\$0.00	\$21.80	\$39.70	\$39.70	\$39.70
Transportation	NOT COVERED	NOT COVERED	NOT COVERED	\$0	\$0	\$0 (48 one-way trips/yr)
Medically Necessary Foot Care	limited coverage 20% **	\$0	\$0	\$0-20%	\$0:Medicare covered	\$0-20%
Routine Foot Care	NOT COVERED	Limited	Limited	\$0-20%:1 visit every three months	\$0 Limited to certain medical conditions.	\$0-20% Limited to certain medical conditions.
P.T.,O.T. and Speech Therapy	20% **	\$0	\$0	\$0-20%	\$0	\$0-20%
Inpatient Hospital	\$1,288 deductible	\$0	\$0	\$0 or \$1,260 deductible; days 1-60;\$315 days 61- 90,\$630 days 91-150	\$0	\$0 or \$1,260 deductible; days 1-60;\$315 days 61- 90,\$630 days 91-150
Inpatient Mental Health*	\$1,288 deductible	\$0	\$0		\$0	
Skilled Nursing	0 days 1-20, \$161 days 21-100	Days1-100=\$0	Days1-100=\$0	\$0:Days 1-20;\$0 Or \$157.50 days 21-100	Days1-100=\$0	\$0:Days 1-20;\$0 Or \$157 days 21-100
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0
Mammograms	20%	\$0	\$0	\$0	\$0	\$0
Bone Mass	20% **	\$0	\$0	\$0	\$0	\$0
Colorectal Screening Exams	\$0 to 20%**	\$0	\$0	\$0	\$0	\$0
Flu, Pneumonia & Hepatitis B	\$0 flu/ 20%**hepitis B	\$0	\$0	\$0	\$0	\$0-20%

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		(HMO SNP)	(HMO SNP)	(HMO SNP)	(HMO SNP)	(HMO SNP)
PREMIUMS	\$104.90	\$0.00	\$21.80	\$39.70	\$39.70	\$39.70
Prescription Drugs	0%-20% Part B covered only;NO PART D	\$0/\$1.20/\$/\$2.95/\$3.60/\$7.40	\$0/\$1.20/\$/\$2.95/\$3.60/\$7.40	Part B \$0-20%;Part D: \$0/\$1.20/\$2.95/\$3.60/\$7.40	Part B: \$0;Part D:\$0/\$1.20/\$/\$2.95/\$3.60/\$7.40	Part B: \$0;Part D:\$0/\$1.20/\$/\$2.95/\$3.60/\$7.40
Vision Services	20% + for 1 pair glasses/frames/contact lens after cateract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics	1 Routine exam=\$0; routine eyewear=\$100	1 Routine exam=\$0; routine eyewear=\$100	\$0-20%:post cataract glasses/contacts;\$0:glass es/contacts upto\$100;\$0:Routine exam	\$0 :post cataract glasses/contacts;\$0:glas ses/contacts every two years;\$0:Medicare covered exam yearly	\$0 :post cataract glasses/contacts;\$0:glass es/contacts yearly;\$0:Medicare covered routine exam
Hearing Services	40% + Medically necessary exams only no aides	1Routin exam; fitting=\$0; 1aid=\$350	1 Routine exam;fitting=\$0; 1aid=\$350	\$0-20%:Exam to diagnose/ treat hearing & balance issues	Medicare covered only/no aides	Medicare covered only/no aides
Diabetic training and supplies	20%	\$0	\$0	\$0-20%	\$0	\$0-20%
Dental Coverage	limited coverage	\$0:limited coverage	\$0:limited coverage	\$0:limited coverage	\$0 routine and <u>comprehensive;</u> 2 x-rays,cleanings per year	\$0 routine and <u>comprehensive;</u> 2 x-rays,cleanings per year
With full LIS		\$0	\$0	\$0	\$0	\$0
Max Out Of Pocket		\$6,700	\$6,700	\$6,700	\$6,700	\$6,700

2016 Medicare Advantage Special Needs Plans in Erie County 2016

ORIGINAL MEDICARE		United Health Care Dual Complete 1-877- 505-9101	United Healthcare NHP 877- 505-9101	Centers Plan NHC 1-844-274-5227	Independent Health 716-635-4900
		(HMO SNP) MA & QMB	Institutional	Institutional	Institutional
PREMIUMS	\$104.90	\$35.90	\$37.60	\$39.70	\$37.00
PCP Visits	20%**	\$0	\$0	\$0	\$0
Wellness exam	0	\$0	\$0	\$0	\$0
Specialty Visits	20%**	\$0	\$0	\$25	\$0
Outpatient Mental Health	40%	\$0	\$0	\$25	\$0
Outpatient Substance Abuse	20	\$0	\$0	\$25	\$0
Outpatient Surgery	20% **	\$0	\$0	\$250/20%	\$50
Emergency Care	20% **	\$0	\$0	\$75	\$50
Urgent Care	20% **	\$0	\$0	\$30	\$0
Ambulance Services	20% **	\$0	\$0	\$200	\$25
Durable Medical Equipment	20% ** (must use supplier enrolled w/Medicare)	\$0	\$0	20%	10%
Prosthetic Devices	20% **	\$0	\$0	20%	10%:ostomy supplies;20%nutrition
X Rays	20% **	\$0	\$0:X-rays;20%: Diagnostic radiology MRIs, CT scan etc.	\$0	\$0
Lab Services	\$0	\$0	\$0	\$0	0-20%
Dialysis	20%	\$0	\$0	20%	\$0
Radiation Therapy	20%	\$0	\$0	20%	\$5
Chiropractic Care	limited coverage 20% **	\$0	\$0	limited coverage 20\$	\$0

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		(HMO SNP) MA & QMB	Institutional	Institutional	Institutional
PREMIUMS	\$104.90	35.90	\$37.60	\$39.70	\$37.00
Transportation	NOT COVERED	\$0 (48 one-way trips/yr)	\$0 (48 one-way trips/yr)	Not Covered	\$0 (56 one-way trips/yr)
Medically Necessary Foot Care	limited coverage 20% **	\$0	\$0	\$25: exams/ treatment for diabetes-related nerve damage	\$0 Severe diabetic foot disease-molded shoes,inserts
Routine Foot Care	NOT COVERED	\$0 (4 visits/yr)	\$0 (4 visits/yr)	NOT COVERED	\$0 (6 visits)
P.T.,O.T. and Speech Therapy	20% **	\$0	\$0	\$25	\$0
Inpatient Hospital	\$1,260 deductible	\$0	\$0	\$250 :days 1 - 7;\$0:days 8 - 90 & days 91 beyond	\$100
Inpatient Mental Health*	\$1,260 deductible	\$0	\$0		\$100
Skilled Nursing	\$0 days 1-20, \$157.50 days 21-100	\$0	\$0	\$0:days 1-20;\$150 days 21-100	\$0
Home Health Care	\$0	\$0	\$0	\$0	\$0
Mammograms	20%	\$0	\$0	\$0	\$0
Bone Mass	20% **	\$0	\$0	\$0	\$0
Colorectal Screening Exams	\$0 to 20%**	\$0	\$0	\$0	1 screening/yr=\$0; Additional=\$50 each
Flu, Pneumonia & Hepatitis B	\$0 flu/ 20%**hepitis B	\$0	\$0	\$0	\$0

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		(HMO SNP) MA & QMB	Institutional	Institutional	Institutional
PREMIUMS	\$104.90	\$35.90	\$37.60	\$39.70	\$37.00
Prescription Drugs	0%-20% Part B covered only;NO PART D	Part B\$0;Part D:\$0/\$1.20/\$2.65 /\$3.60/\$6.60/	Part B\$0 **:Part D:\$0/\$1.20/\$2.65 /\$3.60/\$6.60/	Part B:20%;Part D: \$2,\$35,\$85,33%	\$4,\$15,25%,33%
Vision Services	20% + for 1 pair glasses/frames/contact lens after cataract surgery 20% + coverage for retinopathy exam 1 per yr for diabetics	\$0:routine exam \$0 :1 per 2 yrs; up to \$150 lenses/frame/contacts	\$0 : exam \$0 :1 per 2 yrs; up to \$150 lenses/frame/contacts	\$25: routine & diagnostic exam; \$0: upto \$100 glasses 1 per 2 yrs;\$0 post cataract surgery glasses	\$0 for 1 glasses/frames/contact lens up to \$100 per year ;\$0 post cataract surgery; \$0 coverage for retinopathy exam 1 per yr for diabetics
Hearing Services	40% + Medically necessary exams only no aides	\$0 : exam ; \$0: \$750 allowance every 2 yrs. for 1 aid	\$0: exam ;\$0 \$1,600 1 every 2 yrs. for 1 aid	\$25:exam; \$0:upto \$800 for Aid 1 per 3 yrs.	\$0 for exams;No Aides
Diabetic training and supplies	20%	\$0 (covered brands)	\$0-20% (covered brands)	\$0 training ,supplies & therapeutic shoes	\$0 Training,Test Strips;10%supplies
Dental Coverage	limited coverage	\$0 Routine;\$0 implants,bridge work,root canals \$2,500 limit	\$0 implants,bridge work,root canals \$2,500 limit	\$0 copay:2 Cleanings;2 Dental x-rays;2 Oral exam	Routine Not Covered;\$0-\$50 Medicare covered
With full LIS	NA	\$0	\$0	\$0	\$0
Max Out Of Pocket		\$3,500	\$3,500	\$6,700	\$3,400